Substitute for form 1449/PTO (Revised 07/2007)				Complete if Known		
				Application Number	10/578,590	
INEOD	MATION	DISCLO	STIDE	Filing Date	(I.A.) November 4, 2004	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT (Use as many sheets as necessary)				First Named Inventor	Long	
				Art Unit	1643	
				Examiner Name	Not Yet Assigned	
Sheet	1	of	2	Attorney Docket Number	035784/311260	

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Signature	Considered	

^{*}Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

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